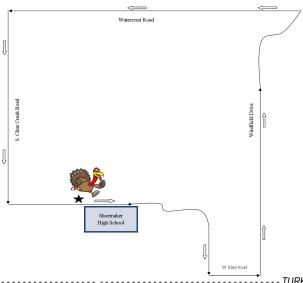
Turkey Trot 5k SATURDAY, NOVEMBER 19th Shoemaker High School

Registration ONLINE OR BY MAIL ONLY	Online: https://runsignup.com Search: Turkey Trot, Killeen, TX Mail: Make checks payable to: Food Care Center of Killeen Mail check & entry form to: Turkey Trot 5K, PO Box 12105, Killeen, TX 76547
Entry Fee	On or before November 16, 2016 at 5pm: \$20.00 **ONLINE OR MAIL IN ONLY** (Check must be payable to the Food Care Center of Killeen) On race day, November 19, 2016: \$25.00 Registrations will not be accepted Thursday or Friday, November 17-18, 2016 A t-shirt and participation medal will be given to all registered participants (limited supply on race day)
Packet Pick-Up/Check-In	Race packets MUST be picked up on FRIDAY, NOVEMBER 18th by 10:00pm at the Family Recreation Center at Lion's Club Park; 1700 E. Stan Schlueter Loop. Left over packets will be available at 7:00am on race day.
Course: Start & Finish	Race begins at Shoemaker High School at 8:00am . See map below for course directions. Refreshments will be available after the race.
<u>Awards</u>	Awards will be given to overall male and female winners, and top three finishers in each age group as follows: (Male & Female) 0-11, 12-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+



Method of Payment:

Register online at:

https://runsignup.com Search: Turkey Trot, Killeen, TX

Make checks payable to: Food Care Center of Killeen



Date Received: _

Mail entry form to: ATTN: Turkey Trot 5K PO Box 12105 Killeen, TX 76547

Staff Initials:





ne:		Age	on Race Day:	Date of Birth:		CIRCLE ONE: Male	Female
ress:			City:		St	tate: Zip:	
ne:	Alt. Pr	none:		_ Email:			
OLE CLUDT CIZE.	Youth Large (14-16)	Adult Cmall	Adult Madium	Adult Large	Adult XLarge	Adult XXLarge	
CLE SHIKT SIZE:	foulfi Large (14-16)	Adult Small	Addit Medium	/ tault Large	Addit ALdigo	Addit AALdige	
nsideration for the acceptance y sponsors from any and all cla attest and verify that I have full	of my entry, I and my heirs, executors, a ims, damages of every type, cause of ac knowledge of the risks involved in this e	administrators, and assignee ction, costs attorney fees, an vent and that I am physically	s, do hereby release the City of d interest which now exists or he and sufficiently trained to safely	f Killeen, Food Care Center, k ereafter, arising out of or relate y participate in the event. I ha	Killeen Noon Lions, Pro-Fit Evel ed to acts or omissions of mys ve read and fully understand t	ent Services, its employees, officelf or the City of Killeen during m	y participation in the 1 tatement.

Receipt #: